



CITY OF ALEXANDRIA
CODE ENFORCEMENT BUREAU
301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
(703) 838-4360 FAX (703) 838-3880

CONSTRUCTION APPLICATION

IMPORTANT - Applicant to complete ALL applicable items

Shaded boxes are **FOR OFFICIAL USE ONLY**

Permit Number		1. Project Name		Master Permit	
2. Project Address		Floor/Suite Number		3. Date Applied	
4. Owner		5. Phone: Home - Work - FAX -			
6. Owner's Mailing Address (if different from project address)					
7. Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		8. Mechanic's Lien Agent? <input type="checkbox"/> None Designated <input type="checkbox"/> Yes:			
9. Contractor Name		10. Phone: FAX:		11. Business License Number Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Business Address		13. State Contractor License Number _____ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
14. Project Description - Provide separate cost estimates for new work and renovation work		15. Estimated Cost (including overhead & profit) a. Construction \$ _____ b. Electrical \$ _____ c. Plumbing \$ _____ d. HVAC/Mech \$ _____ e. Other \$ _____ TOTAL \$ _____			
Special Instructions Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes - Prepared Statement Attached					
16. Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other <input type="checkbox"/> Interior <input type="checkbox"/> Exterior					
17. Existing Use		18. Proposed Use			
19. Number of Dwelling Units? _____ Existing _____ Proposed		20. Construction Type			
21. Code Edition		22. Use Group			
23. Occupant Load		24. Modification? <input type="checkbox"/> No <input type="checkbox"/> Yes - Code Section			
25. Accessibility: Full _____ Partial _____		26. Building Height: _____ feet 27. Number of Stories: _____ Parking Spaces: Regular _____ Accessible _____			
29. Building Area: Gross SF _____ Altered SF _____ New SF _____					
30. Fire Alarm: <input type="checkbox"/> Existing <input type="checkbox"/> Alterations <input type="checkbox"/> Proposed		31. Sprinklers: <input type="checkbox"/> Existing <input type="checkbox"/> Partial <input type="checkbox"/> Full		Standpipes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. _____ Signature of Owner of Authorized Agent _____ Printed Name of Person Applying for Permit _____ Address _____ Phone Number _____ Pager# _____ FAX # _____		APPROVALS		PERMIT FEES	
		Engineer		TOTAL \$	
		Date Approved		Deposit Rec'd \$	
		Date Issued		Deposit Date	
		Engineering Aide		Rec'd By	
Issued By		Balance Due \$			
Drawings Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Notes	